



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Howard Liu, D.C.

**Respondent Name**

Zenith Insurance Company

**MFDR Tracking Number**

M4-17-0838-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

November 28, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED TO DATE"

**Amount in Dispute:** \$650.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Zenith submitted a request to stay a designated doctor examination which was granted on January 8, 2016."

**Response Submitted by:** The Zenith

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 13, 2016	Designated Doctor Examination	\$650.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §127.1 sets out the procedures for requesting a designated doctor examination.
3. Texas Labor Code §408.0041 provides the requirements for designated doctor examinations.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - XDC XX – Workers' compensation claim adjudicated as non-compensable. This payer not liable for claim or service/treatment.
  - P4 – Workers' compensation claim adjudicated as non-compensable. This payer not liable for claim or service/treatment.

- 224 – Duplicate charge.
- 18 – Exact duplicate claim/service.

### **Issues**

Is Zenith Insurance Company liable for the disputed services?

### **Findings**

Howard Liu, D.C. is seeking reimbursement for an examination ordered by the division on December 22, 2015 and performed on January 13, 2016. Zenith Insurance Company (Zenith) denied the disputed services with claim adjustment reason codes XDC XX and P4 – “WORKERS’ COMPENSATION CLAIM ADJUDICATED AS NON-COMPENSABLE. THIS PAYER NOT LIABLE FOR CLAIM OR SERVICE/TREATMENT.” 28 Texas Administrative Code §127.1(f) states, in relevant part:

A party may dispute the division’s approval or denial of a designated doctor request through the dispute resolution process outlined in Chapters 140 – 144 and 147 of this title ... The division, upon timely receipt and approval of the request for expedited proceedings, shall stay the disputed examination pending the decision and order of the expedited contested case hearing.

Available information finds that an Order Setting Hearing and For Stay of Examination was issued on January 8, 2016 by Hearing Officer Teresa G. Hartley with the Texas Department of Insurance/Division of Workers’ Compensation (TDI/DWC). The order states:

It is further ORDERED that, pursuant to 28 Tex. Admin. Code § 127.1(e), the designated doctor examination currently scheduled to be performed by Dr. Howard Liu, M.D. at 10:30a.m. on January 13, 2016, and the same is hereby, postponed pending further orders in this matter.

Further, documentation submitted by Zenith Insurance Company includes a TDI/DWC Decision and Order issued on February 8, 2016 which states:

Dr. Howard Liu was not appointed to serve as designated doctor in accordance with Texas Labor Code Section 408.0041 ... The Division order dated December 22, 2015 appointing Dr. Howard Liu as the Designated Doctor is set aside and the examination is canceled.

Therefore, the division finds that Zenith is not liable for the service in dispute. No reimbursement is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### **Authorized Signature**

<hr/>	<b>Laurie Garnes</b>	<b>January 26, 2017</b>
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**